

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213556893					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BNT International Corporation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: F1878919</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000	
CLASS	AUTHORIZED						
COMMON	10,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 12011 SUNSET HILLS ROAD SUITE 110</p> <p style="text-align: center;">CITY/ST/ZIP: RESTON, VA 20190</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM N DUDLEY, JR. TITLE: PRESIDENT ADDRESS: 12011 SUNSET HILLS ROAD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WILLIAM N DUDLEY, JR. TITLE: PRESIDENT ADDRESS: 12011 SUNSET HILLS ROAD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SURBJIT BHAMRA TITLE: PRIN VICE PRES ADDRESS: 12011 SUNSET HILLS ROAD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: SURBJIT BHAMRA TITLE: PRIN VICE PRES ADDRESS: 12011 SUNSET HILLS ROAD SUITE 110 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	MUKUL BHUSHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	GLEN P BROCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST SEC		
ADDRESS:	5275 WESTVIEW DRIVE		
CITY/ST/ZIP/CO:	FREDERICK, MD 21703-8306		
NAME:	PETER A DAWSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	CHRISTOPHER J DERING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	JOHN K DESHONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	JOHN E FUTCHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	3000 POST OAK BLVD		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056-6503		
NAME:	STEVEN R KATZMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	SHAUN KENNY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	WALKER S KIMBALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	AILIE J MACADAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		

NAME:	MARY W QUAZZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & SEC		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	TOBY J SEAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	5275 WESTVIEW DRIVE		
CITY/ST/ZIP/CO:	FREDERICK, MD 21703-8306		
NAME:	C. DAVID WELCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	GABRIELLE S HURLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PVP & ASST SEC		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	SHAUN K MESSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PVP & ASST SEC		
ADDRESS:	12011 SUNSET HILLS ROAD		
CITY/ST/ZIP/CO:	SUITE 110 RESTON, VA 20190		
NAME:	CLIFTON S RANKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PVP & ASST SEC		
ADDRESS:	3000 POST OAK BLVD.		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056-6503		
NAME:	KEVIN C LEADER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PVP & TREASURER		
ADDRESS:	50 BEALE ST		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	NELLIE LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	DERECK R BROWER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3000 POST OAK BLVD		
CITY/ST/ZIP/CO:	HOUSTON, TX 77056-6503		
NAME:	ELDYNE S PERROU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	PEGGY H RESTIVO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	50 BEALE STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLEY C SCHAFER ASST SECRETARY 50 BEALE STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. ANETTE SPARKS PVP & CONTROLLE 50 BEALE STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ PEGGY H RESTIVO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PEGGY H RESTIVO, ASST CONTROLLER PRINTED NAME AND CORPORATE TITLE		11/21/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					